

CARCINOMA OF THE APPENDIX VERMIFORMIS.

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CASE I.—*Appendectomy for chronic appendicitis; a carcinoma found by the pathologist within the chronically inflamed appendix; rapid convalescence of the patient; the patient in perfect health about 5½ years after operation.*

X. Y., a housemaid, a strong and well-built woman, 24 years old, who had previously been troubled more or less with indigestion for an indefinite period, entered the Boston City Hospital in September, 1902, with symptoms of chronic appendicitis, from which she had suffered for two days. This illness began with pain which was more or less general over the abdomen. Later the pain became limited to the lower half of the abdomen, somewhat more marked, however, on the right side than on the left. There had been no vomiting, and with enemata the bowels had moved freely.

The general condition of the patient, at the time of entrance, suggested little in the way of constitutional disturbance, and her face was not expressive of severe pain. Temperature, 100.5; pulse, 100; no spasm of abdominal muscles; moderate tenderness in lower abdomen, especially on the right side. The diagnosis of chronic appendicitis was made, and at operation—some days later—the appendix was removed. It presented the appearances of chronic inflammation. It was not opened, however, but was sent at once to the pathologist.

Dr. F. B. Mallory kindly furnished the following report on the specimen, and also the photographs (see Figs. 1, 2 and 3).

"The gross specimen consists of an appendix 5 cm. long. The serous surface is congested. The mucous membrane is grayish and gelatinous. Occluding the lumen 1.5 cm. from the distal end is a yellowish nodule 0.6 cm. in diameter.

"Microscopically the nodule consists of irregular masses of epithelial cells arranged in an alveolar manner in a moderately abundant connective-tissue stroma. The epithelial cells occur partly in solid clumps, partly

lining gland-like cavities. Some of the larger clumps of cells show several small lumina present. The epithelial cells vary in shape from spherical to cuboidal and cylindrical.

"The growth is limited to the mucosa and submucosa, of which remains are still evident in places. The muscle coats are not invaded. On the other hand, they show considerable infiltration in places with lymphocytes and a few of the lymphatics in the serous coat are filled with similar cells. These cells indicate a chronic inflammatory process, but whether due to the tumor or to a separate process it is impossible to state positively. The infiltration is identical in appearance, however, with the condition found in many appendices removed between attacks of inflammation.

"Anatomical diagnosis, carcinoma of appendix, chronic appendicitis."

The patient made an uneventful recovery from the operation, and was discharged from the hospital twenty-four days after it.

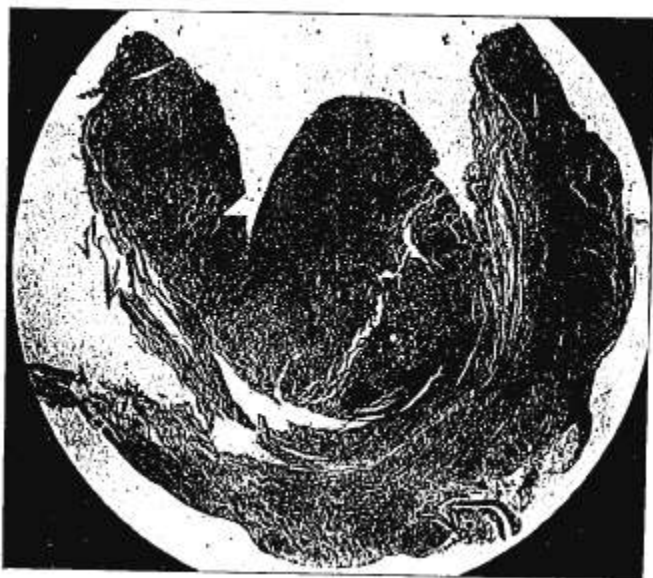
Since this I have heard from her from time to time, and, finally, last February, in answer to a note of inquiry, I received a letter in which she used the words "I am in the very best of health at present and have been since the time of my operation."

A month later, at my request, the patient presented herself for examination. I made a careful examination of the abdomen, especially of the right lower quadrant, but failed to find any indication whatever of recurrence. The patient was apparently enjoying excellent health. This was nearly $5\frac{1}{2}$ years after operation.

This case is reported (1) because, in view of there being no evidence of recurrence $5\frac{1}{2}$ years after removal of the carcinoma, the growth was probably primary in the appendix; (2) because the appendix was removed on account of appendicitis, there being no suspicion as to malignant disease until the report on the specimen was returned by the pathologist.

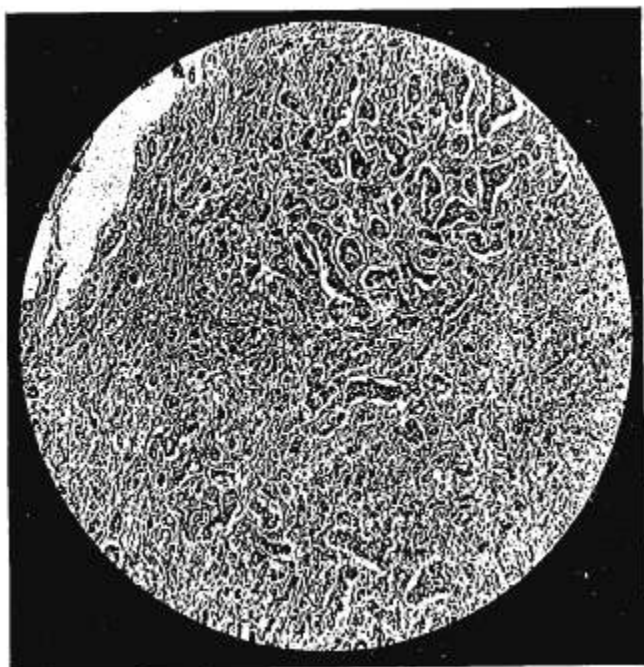
Apparently the attack of appendicitis was an important factor in saving the patient's life.

FIG. 1.



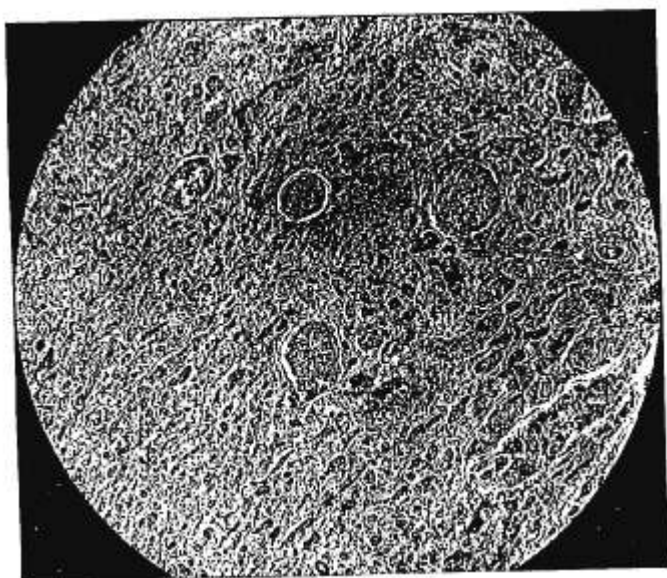
Cross section of appendix which has been slit open longitudinally: shows tumor involving mucosa and submucosa.

FIG. 2.



A portion of section displayed in Fig. 1, under moderately high power to show the alveolar arrangement of the tumor.

FIG. 3.



Same as in Fig. 2, but under higher power.